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CONTENTS

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CHILDREN IN NEED OF PARENTS: IMPLICATIONS OF THE CHILD WELFARE LEAGUE STUDY*

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A discussion of five major findings of the comprehensive League study and what agencies and communities can do with the knowledge available to them.

Children in Need of Parents[1] is the report of a study of dependent children in foster care. Since this is our first basic research into the broad area of foster care and adoption, it deserves very careful consideration.

A basic assumption in this research is the conviction which we all share that every child has a right to his own parents and that, if his own parents have proved inadequate, he should, if possible, be provided with permanent substitute parents, ideally through adoption.[2]

Eight communities were selected for the study: two rural communities, two small urban communities, two metropolitan areas, and two large cities. These communities were located throughout the United States, and the findings were tested in a ninth community located in the New England region. The work of some sixty social agencies was involved, many of which were located outside the specific community considered. From a total of one-quarter million children in foster care, the study secured facts regarding 4281.

In this research a great deal of attention was given to the community—its history, social development, feelings, and attitudes as related to dependent children, and whether dependent children were seen as a part of the community or as something set apart. The social relationships among agencies, the legal structure, and the operations of the juvenile court in relation to the social agencies were also emphasized.

When one first hears of a study such as this, one hopes that it will answer all of our many questions. This, of course, is unrealistic. This study, like every other sound research study, had to be strictly limited. It gives us an excellent snapshot of the many variations in community structure, attitudes, and relationships. It was not possible for the investigators to consider these communities in action, or make an evaluation of how they change with the various dynamic forces that are always working to bring about or retard change. Nor was it possible for them to consider the qualitative aspects of agencies' services. The study was of dependent children in foster care; the services that supplement or strengthen family life so as to prevent dependency had to be ruled out. Children who were under care for less than one month and children placed independently for adoption were also purposely excluded.

The investigators do not hold that research in nine counties out of approximately 3000 is an adequate sample and that definitive conclusions can be based on their findings. They do hold, however, that their findings are seriously at variance with what we know to be good care for children and point up the need for each agency providing this service to make a careful evaluation of what is actually happening to children. After reviewing the results of this study, it seems self-evident that responsible foster care cannot be given by any agency

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* Given at the Southeastern Regional Conference of the American Public Welfare Association, Lexington, Kentucky, September, 1960.

[1] Henry S. Maas and Richard E. Engler, Jr., *Children in Need of Parents*, Columbia University Press, New York, 1959.

The study was conducted by the Child Welfare League of America, under the directorship of Henry S. Maas, professor of social welfare at the University of California. Dr. Maas has worked in social agencies both as a caseworker and as a group worker and was chairman of the research section of the National Association of Social Workers in 1960.

Richard E. Engler, Jr., a research sociologist and social psychologist, was co-author of the study, and Zelma J. Felten, consultant, of the League staff, was associate director. Joseph H. Reid, Executive Director of the League, also contributed by summarizing the implications for social work practice.

[2] *Ibid.*, p. 1.

without those built-in administrative controls that carefully review and reveal what is actually happening. This is similar to Mr. Reid's recommendation in the concluding chapter, that each agency repeat the study in its own community.[3]

What are the findings of this study, and what are their implications? Many carry suggestions for changes that need to be seriously considered. Out of these, I have chosen five areas that seem to deserve special consideration because of their implications. These relate to:

1. The factors causing children to enter foster care.
2. The legal aspects involved.
3. Diagnostic and treatment services at point of crisis.
4. Parent-child relationship.
5. Long-term foster care.

Causative Factors

In relation to causation, facts were secured regarding the primary parental conditions at the time of separation of parents from children in foster care. These show the following conditions:

Neglect and abandonment.....29%
range 25–35%
Death, illness, economic hardship.....25%
range 12–40%
Marital conflict.....10%
range 2–16%
Unwed motherhood..... 9%
range 0–17%
Psychological problems..... 4%
range 0–21%
Other conditions.....24%

The 25 percent due to death, illness, and economic hardship is of special interest since it contains two dissimilar conditions. One of the members of the study's research staff, Miss Zelma Felten, was able to give me a further breakdown of this item in four of the communities.

One of the big cities studied, named Westport in the report, had the following breakdown: death, 7 percent; illness, 5 percent; economic hardship, nil. King City, another large city in the Southwest, had the following percentages: death, 6 percent; illness, 11 percent; economic hardship, 13 percent. Brighton, a New England community, had the following: death, 12 percent; illness, 3 percent; economic hardship, 9 percent. Jamestown, a metropolitan area in the Southeast, had these: death, 8 percent; illness, 10 percent; economic hardship, 22 percent.

This wide variation in economic hardship as the primary parental condition for foster care obviously needed further study, and I was able to secure two additional pieces of information: the median average family income for each of these communities and the average payment to families receiving ADC for each of the states represented for the year of the study, 1957. The additional data are as follows:

In Westport, where "economic hardship" families at the time of separation were nil, the average annual family income was $3222, and the average family ADC grant was $1761. In King City, in which the primary family conditions showed 13 percent economic hardship, the family income was $3078, and the family ADC grant was $854. In Brighton, with 9 percent economic hardship cases, family income was $2580, and the family ADC grant was $1673. In Jamestown, our Southern metropolitan area where economic hardship was the primary condition at separation in 22 percent of the families, the family income was $1701, and the family ADC grant was $660.

The facts show that in these four widely separated communities, there was a direct relationship between the proportion of children who came into foster care because of economic hardship and the size of the ADC grant.

These facts take on a special significance this year because of a publication which I believe will prove to be one of our great historical social work documents. This is a joint publication of the U. S. Children's Bureau and the Bureau of Public Assistance, entitled "The Policy Statement on Services to Families and Children Through the Public Assistance and Child Welfare Programs."[4] This document

[3] *Ibid.*, p. 379.

[4] Letter sent to state public assistance and child welfare agencies by the U. S. Department of Health, Education, and Welfare, August 14, 1959.

outlines the kinds of mutual responsibilities carried by the two Federal bureaus having program responsibilities in the areas involved in this problem.

Children are being separated from their parents where the primary problem in the family is economic hardship. Miss Mildred Arnold, in her discussion of the separation of parents and children because of economic hardship before the 1960 National Conference on Social Welfare, rightfully asks us to take another serious look at that "much vaunted conclusion of the 1909 White House Conference, which said, 'Home life is the highest and finest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons. Except in unusual circumstances, the home should not be broken up for reasons of poverty.' " She adds this sobering but realistic statement: "We have failed to reach a goal we saw so clearly so many years ago."

Legal Processes

The second aspect of *Children in Need of Parents* that I want to emphasize is that related to legal processes.

The study paid particular attention to the courts in relation to adoption placement and foster care. All of the judges and some of the court staff were interviewed. An analysis was made of the laws involved.

The investigators made this observation in summarizing their findings:

"Our 'across-the-board' legal material did not contain as many variations in content as our knowledge of differences in legal practice in the nine communities would lead us to expect. This suggested that it was more the way in which a judge perceived his role, and the way in which he was perceived in his role by others in the community, that determined legal practice in child welfare. Thus our analysis placed the emphasis on the philosophy and practices of a judge, on the philosophy and practices of welfare agencies, and on the interdependence of both within a particular community." [5]

[5] Maas and Engler, *op. cit.*, p. 310.

It would seem from this statement that—in the absence of clearly defined facilitating laws —community traditions, ways of working, and culture have been the deciding factors. The lack of clear-cut parental responsibilities for continued support, for visiting the child, and for maintaining affectionate relationships while the child is in foster care was a part of the confused picture that could be at least partially corrected by more clarity within the laws.

Of the children studied, better than half of them gave promise of living a major part of their childhood years in foster families and institutions. This fact can be partially attributed to the fact that in many communities parents maintain no affectionate ties and have, for all effective purposes, abandoned the child —and yet there is no provision for the legal termination of parental relationships.

The study points out that agencies were changing their practices so rapidly that it was difficult to make categorical statements regarding them. This was also true in the area of law.

Four of our six Southeastern states are planning to recommend legal changes affecting adoptions at the next session of their state legislatures. We in the Children's Bureau are in the process of revising our principles of adoptions and have developed new materials on termination of parental relationships.[6]

Adequacy of Diagnostic and Treatment Services at Point of Crisis

The third factor which I want to consider is the adequacy of our diagnosis at the time a child comes into foster care. The study was not designed to evaluate or measure the adequacy of the social work process of the sixty agencies involved, but some interesting facts are revealed.

One of the findings of the study is stated as follows: "Time was a most important factor in the movement of children out of care in every setting, for staying in care beyond

[6] Draft of *Legislative Guides for Termination of Parental Rights and Responsibilities and Adoption of Children*, U. S. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau, Washington, D. C., 1961.

a year and a half greatly increased a child's chances of not being adopted or returned home." [7]

This seems to me to be another way of saying that diagnosis and our initial treatment based on this diagnosis are of tremendous importance. We have known for a long time how important it is to have good help available at a time of crisis, and certainly the point of separation does represent a crisis when we need to be able to use all the social work knowledge and skill available.

Frankly, as I reviewed *Children in Need of Parents,* with its excellent emphasis on the community, I felt somewhat discouraged. I kept asking: "How many times are children being placed in foster care on the basis of stereotyped prescriptions, with the child's and the family's real needs ignored?"

Jamestown reflects some of the reasons for this pessimistic statement. It is a community served by thirteen child-placing agencies, more agencies than in any of the other eight communities studied.

Let me give the summary statements of the services offered by each agency in Jamestown: [8]

1. Foster family and adoption for children 0–21 years of age
2. Institutional care for white children 6–14 years of age
3. Institutional care for Negro children 6–12 years of age
4. Institutional care for white, primarily Catholic school-age children
5. Adoption for children 0–10 years of age (mostly infants)
6. Institutional care and foster family care for white children, Baptist preferred, 0–16 years of age
7. Foster family care and adoption for Catholic children 0–18 years of age
8. Institutional care for white children 7–18 years of age
9. Institutional care for white children, Episcopalian preferred, 6 years of age through high school
10. Institutional (limited foster family) care for white children, Methodist preferred, 6 years of age to adulthood (accepts 4-year-olds)
11. Institutional care for white children 4 years of age to adulthood
12. Institutional care for Negro girls 4 years of age through high school
13. Foster family care and adoption for Jewish children; no age limit

This segmental approach was made worse by the fact that there was scarcely any collaboration among the agencies either in regard to children or issues.

We must face the fact that in many of our communities, as in Jamestown, children are being separated from their families and placements made on the basis of community tradition, the prestige of a particular institution, the source of funds for support of the agency, the age of the child, the special group his parents happen to belong to, the kinds of pressures that are applied, and whether a judge has issued an order for placement without a careful study having been made.

This is not placing children on the basis of an adequate diagnosis, a diagnosis that carefully evaluates whether the child can remain at home with additional help to the parents. This is not a diagnosis that evaluates whether the child should be placed in a particular institution or in a special kind of foster home that will meet his particular needs. As one studies situations such as this, one has the feeling that there would be little chance for such a community to meet new and changing needs. With this segmented approach there would apparently be little chance for adequately financed day care centers, the development of homemaker services, or the development of child-rearing educational groups for parents that would reach those parents who need them most.

Fortunately, we do not face this problem in all our communities. But lack of adequate diagnostic and treatment facilities at the crisis point, when the decision about whether to place a child in foster care is being made, is one of our greatest needs.

Parental Relationships

The study reflects some interesting facts regarding parental relationships: [9]

[7] Maas and Engler, *op. cit.*, p. 351.

[8] *Ibid.*, pp. 183–184.

[9] Henry S. Maas, "Some Facts About All the Children in All Nine Communities," Tables 14, 15, and 17 (unpublished).

"Parents of about half the children in each community had no clear-cut plans for either the children's return home or for their relinquishment for adoption."

"Essentially well over half the children in foster care in every community we studied were not being visited, or were visited only very infrequently, by either their mother or their father."

"Only about half of the mothers of the children in foster care lived in the same county as their children were placed—except in our two big cities where about 80 percent of children had mothers in the same county—and the same is essentially true for fathers."

"In six of the nine communities, more children returned home when parents were in the same community and could visit."

"In every community fewer than half of the children in foster care were coded as having affectionate ties with their parents."

All of these important facts raise questions which can be answered only by further research. Some of these questions are:

Are there techniques, skills, and resources which would have made a difference in the lack of planning on the part of parents for their children in foster care?

How effective were agencies in helping parents assume more responsibility for their children in foster care, with more frequent visits and more feeling of responsibility? Were they assisted in maintaining and strengthening their affectionate relationships?

Does the distance at which a child is placed away from his parents always have such a vital part in determining whether the child returns home? Can means be found for overcoming this factor of distance?

Mr. Reid, in the concluding chapter, points out:

"Agencies need also to examine their practices carefully to make certain that they are helping to maintain a sense of responsibility and dignity in the parents of children under care. Nothing is more dangerous than the agencies' assuming more responsibility than is necessary." [10]

[10] Maas and Engler, *op. cit.*, p. 392.

Long-Term Foster Care

Let us examine again the basic assumption on which this research was based. This is that every child has a right to his own parents, and that if his own parents have proved inadequate, he should, if possible, be provided with permanent substitute parents, ideally, through adoption. As a nation we have made tremendous strides in achieving this goal. Even within the past three or four years, we have successfully found adoptive parents for more children and for a more diverse group of children than formerly. In spite of these forward strides, there still seems to be a sizable group of children who will spend most of their childhood years in foster care. "Apparently, staying in care beyond a year and a half greatly increases a child's chances of 'growing up' in care. Children who are placed in adoption or returned home tend to be those who have been in care a relatively short time." [11] Foster care for those children who need long-term care is complicated by the number of placements involved. The findings conclude: "Instability in relationships fosters personality disturbances. In six of our nine communities a quarter or more of the children in foster care had had four or more placements by the time of our study." [12]

The difficulties are emphasized further in the following statement:

"It was found that children with psychological symptoms were often likely to have problems of self-identity and difficulties in inter-personal relationships, and the largest group of children with symptoms were those whose parents were markedly ambivalent about them. A circular process could be discerned in this situation. Ambivalent parents seldom relinquished their children for adoption. Thus the child remained in foster care, grew older, exhibited psychological symptoms, experienced many different placements because of these symptoms, his symptoms increased, and he became progressively less adoptable. It was found that symptomatic behavior in the children was positively associated, not with the length of time they spent in care, but the number of moves they had made in foster care." [13]

[11] *Ibid.*, p. 421.

[12] Maas, *op. cit.*, Table 13.

[13] Maas and Engler, *op. cit.*, p. 354.

What, then, are the implications of the study's findings? It is too easy to put off action by emphasizing the research that is really needed on this problem. From our past experience, we know that some children will come into care when parental abuse and neglect have been so severe that their return home will be impossible, and when the child will be so damaged that adoption, too, will be extremely unlikely. For these children, let us face the fact that long-term foster care will be a necessity. However, we must arrive at such a decision on the basis of a sound diagnosis—not drift toward it. The type of thinking required for sound diagnosis will then enable us to move forward in planning the best type of long-term care.

Possibly we need to re-examine our current attitude toward institutions and our current insistence that they should give only short-term care. Is it possible that with their wide variety of resources, with different kinds of cottages, and with many parent figures some institutions should be especially designed for the child who needs long-time care?

In all foster care, part of the parental responsibility rests with the agency, namely, the decision as to where the child will live or go to school. Part of the parental responsibility is delegated to parental figures who handle the day-by-day responsibilities. Institutions have an advantage in that both of these kinds of responsibility are in one unit that is clearly visible to the child so that he sees and knows who has responsibility for him. Maybe this element, combined with the resource of many parent figures, would give the kind of security and stability that some children need for long-term care.

Is it possible that we lose foster homes because we don't recognize the really important contribution that foster parents can make? In good institutions we have learned to include cottage parents as colleagues, as staff members, and we respect their judgments. Although foster parents often have the same qualifications as cottage parents, how often are they given the respected status of trusted staff members? How often is real recognition for their service ignored as far as financial remuneration is concerned? Our very term "board rate" carries the implication in many places that the child's expenses are paid but that the foster parents' services are really not worth mentioning.

We do urgently need a new look at our services for those children who, in spite of our best efforts, will be with us in foster care over a long period of time.

Summary

In thinking of this study as a whole, let us not forget the children coming into care primarily because of economic hardship. And let us also not forget the need for: strengthening our adoption legislation to make it legally possible in appropriate situations to terminate parental relationships; more adequate diagnostic and treatment facilities at the point of crisis when separation of child and parent is being considered; a re-examination of what we can do to maintain stronger parental relationships or help parents come to an earlier decision regarding relinquishment so as to make adoption possible; more imagination and administrative skill to make long-time foster care a more constructive service.

These are all big and important tasks and they might seem overwhelming. To see them in perspective, however, we must appreciate the tremendous gains we are already making in developing a stronger program of services. In the *Report of the Advisory Council on Child Welfare Services,*[14] we can find a new note of optimism and encouragement. For the first time, a national advisory council, appointed by the Secretary of Health, Education, and Welfare has reported to Congress on the kind of realistic Federal efforts that should be made to support this program adequately.

With the increasing strength gained by this forward movement, we can tackle the difficult problems posed by this study—and do so at once—for, in Mr. Reid's words, "Children need what they need when they need it. Providing it 'later' is always too late." [15]

[14] *Report of the Advisory Council on Child Welfare Services,* U. S. Department of Health, Education, and Welfare, Social Security Administration, Washington, D. C., 1959.

[15] Maas and Engler, *op. cit.*, p. 397.

BOARD MEMBER PAGE

HOW THE BOARD MEMBER SUPPORTS THE INSTITUTION SUPERINTENDENT*

Mrs. Lewis Rumford II†

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In the last analysis, says Mrs. Rumford, the support that the board gives the executive depends to a considerable extent on how much help the board receives from the executive.

I AM going to begin by quoting Isaiah Bowman, one-time President of Johns Hopkins University, who as President of that body occupied the same position in relation to his board as each of you superintendents has to yours.

"Every time the board of trustees meets, the agenda paper should contain but two items. The first item ought always to be, 'Shall we fire the president today?' If the answer is 'yes,' then item two on the paper should be, 'Who are to serve on the committee to select a new president?' The board should then adjourn. But if the decision on the first question is 'We shall not fire the president today,' number two should be, 'What can we do to support the administration?' . . . Sink or swim; once you are committed to a choice, the administration must be supported."

Dr. Bowman was a geographer and scientist used to exact terminology. It must be realized, therefore, that behind the profound truth here expressed so simply, there are many variations of such a Utopian board-administrator relationship.

The Role of the Board

For purposes of clarity and understanding, let us look at the role of the board. A social agency or institution serves the community, and its board members represent that community in varying degrees. The board carries ultimate responsibility to the community; it has the on-going responsibility for service. The board member makes the practice of social work possible by providing or assuring the agency channel—or setting. Therefore, the board should have a genuine commitment to the enterprise.

Primary Board Responsibilities

Since it is bedrock knowledge that an agency can offer, within limits, only those services which the community understands and supports, I maintain that the board's most important job is interpretation—connecting the agency to the community and the community to the agency. Even though there can be no program without money, there is apt to be very poor financing without interpretation of program. Another important and well-recognized board function is establishing the basic policies in relation to new knowledge and the needs of its clientele. Although in state institutions the board is freed from direct fundraising, it is involved in appeals to and sometimes articulated "pressures" on departments of the state government and the legislature. This is really the aspect of interpretation which is my prime concern in the case of the state institution—interpretation of financial need. "Going to bat" for state funds is board support of a useful order as is willingness to speak up and be a supporting "body" in the legislative halls and in the community.

Good Board Members Are Developed

Good board members, who are able to do the above jobs well and willingly, do not just happen. First, they must be willing to do their necessary "homework." Second, the executive

* Article based on a talk given by Mrs. Rumford to the National Conference of Superintendents of Correctional Institutions for Girls and Women, Atlantic City, N. J., May 19, 1961.

† Mrs. Rumford is also Chairman of the Foster Care Advisory Committee to the Maryland Department of Public Welfare and is a former board member of the Montrose Training School for Girls.

must have some capacity as a board educator. He or she must be knowledgeable in the field, well trained, and able to communicate with the board. When the executive has respect for the board's function, respect is likely to be reciprocated. Each should know his role and accept it. Boards delegate but should not abdicate, for they do carry ultimate responsibility to the community. Therefore, partnership is important, and boards should remember that sound administrative practice requires that administrative decision be the responsibility of operating personnel and not of the board. This is easier to say than to practice consistently, for here is a fine-line area of which both the executive and the board should be conscious and to which each partner should be sensitive.

Authority in the Board as a Body

It is also important for both the board and the executive to remember that the board carries its responsibility as a board and not as empowered individuals. The power or authority is vested in the board as a body and not in individual members.

A board which knows its function and does not meddle collectively or individually supports the superintendent. The partnership is based on the concept that the board makes or affirms policy, and the administrator sees to it that the program is carried out within policy.

Another way in which a board supports the institution superintendent is by standing firm on policy and not becoming weak-kneed in the face of criticism. In a similar connection, board members can support the administrator by taking to him directly and immediately any and all complaints in relation to a staff member or a case. This kind of frankness and responsible action can strengthen the relationship and increase understanding on the part of both.

The Administrator's Responsibility to Help the Board

As I have already hinted, there would be no point in telling a non-board member group such as this what a good board member should be and do if you did not have an important part to play. Remember, individuals do not just miraculously become good board members. They need help, guidance, and assistance from you in using their special talents in the service of the agency. In the beginning of their tenure, they frequently are dependent upon the administrator for their understanding of the role of board members and of administration's role in this partnership.

You, as social work administrators, need to be educators, using a liberal dose of frankness and imagination. A board does not like to be treated like a well-dressed group of morons! It boils down to the kid-glove approach versus the need for directness and frankness. You cannot get real interest and essential action if the task of the board member is confined to listening to reports of what someone else is doing—or giving answers to questions presented so that they can be answered in only one way. A few arguments are a healthy sign. Ask your board members what they really think. There must always be a bridge of mutual trust and respect as a binding force in a constructive board-administrator relationship. Help the new board member with an orientation session. Be sure he understands your need of him in his role as a board member.

I am coming back to the job of interpretation. The board member must have enough information about the service to interpret; this depends, primarily, on how well you perform your job. One way to provide this knowledge is by constantly evaluating service, the needs of the community, and ideas of the staff. Another way is to find out whether your institution is doing all it can; this should be done by comparing, in board committees, your practice with the standards of the Child Welfare League of America and the goals of the U. S. Children's Bureau, for example. Through these kinds of joint effort, the board member can gain knowledge and conviction about the job you both are doing, or trying to do, and only then can he glimpse the long-range goals. Let him sense the half-met needs which haunt you.

(continued on p. 13)

SMALL GROUP HOMES—PLACEMENT OF CHOICE FOR ADOLESCENTS*

Miriam Schwartz
Caseworker

Isidore Kaplan
Caseworker

Hartman-Homecrest
New York, New York

An agency reports success with community-based, small group homes.

It is our conviction that group homes offer a preferred service for adolescents in need of placement. This belief stems from our experience, since the fall of 1957, with two adolescent apartment units at Hartman-Homecrest, one serving nine girls, the other serving nine boys. These units offer not only the protective and supportive aspects of group living, but also a warm, family-type atmosphere, including an opportunity for normal community experience. However, this is not a simple merging of these aspects of child care. We believe it has produced a qualitative change that represents something new and unique.

We approached this new service with the conviction that the setting and type of care had to be geared to the special needs of adolescents. The adolescent struggle is especially difficult for youngsters who have had their normal family ties disrupted. Although these troubled young people, in a typically adolescent manner, may strive to be independent of their elders and yet retain dependency, this normal growth process is intensified and complicated because of the unresolved conflicts they have about adult images as represented by their parents. This is often reflected in difficult, acting-out, rebellious behavior.

The values, desires and goals of these youngsters are colored by the positive and negative identification with their parents. A teenage girl beginning to date may say that she abhors her mother's promiscuous behavior but may also act out her confusion by being simultaneously overproper and overseductive with boys and men.

Placement Needs of Adolescents

Thus, living with and caring for this type of adolescent necessitates a special type of approach. Adolescents placed in foster homes frequently overwhelm those caring for them. Foster parents often react personally and cannot live with or be expected to tolerate excesses and distortions in behavior. Teenagers are also generally too old and set in their ways to readily adapt to the patterns and expectations of a family. In actual practice this has meant successive failures in foster homes.

Adolescence is a period when horizons need to be widened and when new experiences need to be tested. The traditional institution with its built-in services and facilities tends to foster dependency and curtail the need to use community educational, recreational and cultural facilities; quite often youngsters find that they suddenly have to adjust to an "outside world" when they leave the institution. The upheaval and adjustment is frightening, overwhelming and always difficult.

Originally, Hartman-Homecrest was a traditional institution serving children from six to eighteen. In reorganizing we established small, decentralized units exclusively for adolescents attending high school. We purchased several cooperative apartments in a garden apartment development. The children live on the ground floor; there are two families in no way connected with the agency living above them. A married couple, both of them full-time staff people, live with the children. They are on duty twenty-four hours a day with two days off each week. Another couple serve as relief houseparents in both the boys' and girls' units. The housefather devotes full time to being a parent to the youngsters, and is a key person in the lives of the boys and girls living in the units.

* Given at the CWLA Eastern Regional Conference, New York City, on April 20, 1961.

Living in the Community

We accept children who can attend a public high school and have the capacity to live in the community. They must have strong enough egos to live in an open setting—there are neighbors above them, next to them and all around them. They need to have sufficient inner controls to manage independently, since they spend a good deal of time away from the direct supervision of agency personnel.

All the youngsters living in this adolescent unit are troubled. However, since group living is a key factor in the helping process, the group must be balanced. We attempt to have a balance of acting-out behavior disorders, neurotic types with inner anxieties and defenses, and hopefully, one or two relatively adequately functioning youngsters who generally become the stabilizers or natural leaders of the peer group. We have also accepted schizophrenic children who need a neutral environment with opportunity for closer family-type living and who can benefit from attendance in a community school. Naturally, the cohesiveness of the group and the effect such an individual has on the group and the group on the individual has to be considered. We have accepted only young people attending school since it would be difficult to integrate working youths into our program.

When a youngster is accepted for placement, a treatment plan is evolved in discussions which include the houseparents, caseworker, adolescent unit supervisor and the staff psychiatrist. There is frequent consultation between caseworker and houseparent and direct supervision by the unit supervisor. One caseworker is assigned to each unit and sees the children on an average of once a week—more or less often, if necessary. Those children who need psychiatric treatment are seen by members of our panel. Parents are seen by the caseworker on a regular basis. Work with them is considered crucial in planning for the children.

The Houseparents as Parental Substitutes

The houseparents are *staff members* concerned with the children's everyday needs. Although they treat the children as individuals and approach them with greater understanding because of discussion and total agency staff planning they are first and foremost parental substitutes. We therefore want them to act and react as parents, not as professionals and not as therapists.

The children and houseparents have the full responsibility of caring for the house. This includes cleaning chores, shopping and laundry. The housemother cooks and the houseparents shop with the children for individual clothing needs. They care for the children during illness, help them with their homework and go out on "family" outings. The houseparents are also members of the PTA and attend open-school-week functions and other school activities. There are no auxiliary people such as cooks, housekeepers, nurses or porters. The group lives as normally as possible using the community resources available to all. Although the children receive the type of care inherent in family living, the parents are shared by nine youngsters.

For a youngster first needing placement during adolescence, the apartment unit offers the security of a home and the ability to test out relationships and new experiences without being confronted with the demands and conflicts of becoming part of another family. Placement in a normal community environment helps him retain and build on existing strengths and keeps him from feeling completely uprooted.

Emotionally detached youngsters who are either too fearful to risk exposure of their feelings in close relationships, or simply do not know how to find their way in close relationships, can be permitted to move at their own pace. They frequently are more comfortable with their peers and maintain only the minimum essential contact with the adults. The group atmosphere makes this feasible and acceptable.

For children who are flat in affect—often institutional children—this setting is also helpful. Harry is an example of this type of child.

Harry came into the apartment unit after years of institutional living. He was withdrawn, never spoke at the table, and simply hung around looking and feeling awkward. In his previous relationships a variety of people helped him with his

homework, his clothing needs and his recreation. Harry did not have or need the opportunity to seek the personal relationship which became the crucial factor in his growth.

In the unit it was the housefather who helped Harry with his homework and he and the housemother helped the boy follow a special diet prescribed by the doctor to improve his acne condition. The housefather also encouraged the boy's mechanical interest.

A youngster who had been seeing himself as a complete nonentity scholastically and vocationally, Harry came through with improved scholastic performance and special ability in auto mechanics. He became warmer, more communicative, more alive, even though he basically remained a shy, reticent youngster.

For young people who are attached to their own family, or who have ambivalent feelings towards their parents which prevent them from being able to accept the paternal or maternal substitutes, the houseparents are used in myriad ways. They are friends, companions, counselors and, unconsciously or consciously, parents. For those youngsters who do not have parents, the couple have to do a particularly sensitive job of filling the void—they act as parents with the added backing of an agency. The youngsters often displace hostility, frustrations and disappointment about their own family problems onto the present living situation. The caseworker has to help the houseparents and children understand that the youngsters are often acting out feelings which in reality reflect their relationship with their own parents.

With a couple in charge, these youngsters have the opportunity not only to experience the relationship with a mother and father figure but also to feel the qualities inherent in a man and wife relationship. They see the couple arguing but learn that disaster does not have to follow. At other times they see the couple's love and concern for one another. Thus, the couple represents new models of family life and marriage they can learn from, identify with, or be different from.

The Housefather as a Full-Time Parent

Since the houseparents are so important and have so much responsibility, the housefather should be on duty at all times. He therefore does not have any outside employment. From the practical point of simply running such a large household, we have found that two people are necessary. A man is a stabilizing and steadying force when unusual tension or serious acting-out behavior occurs. The presence of a man also can serve to mirror the distorted images the youngsters have of father or husband figures and is important in clarifying father-child and husband-wife relationships.

The housefather can also be of tremendous importance in helping the girls have a better relationship with boys and men. Girls who have been deprived of a father in their own family relationship often search for a substitute in a dependent, intimate and all-encompassing relationship with a boy. If she can avail herself of the warmth, protection and security of the housefather, often needed in extra doses because of extreme deprivation, boy-girl relationships usually remain just that, instead of serious relationships for which they are too young.

Visits with Own Family

Although we consider the direct care of the youngsters to be very important, this should not, and cannot, eliminate the feelings for and relationships with their own families. We have, therefore, paid special attention to the youngsters' visits with their families. There is wide variation in the frequency and extent of visiting. The children discuss visiting plans with the caseworker. Therefore visiting becomes an integral part of the casework interview, and a youngster thus becomes more accessible as he is helped to work through feelings and attitudes about his family.

Some youngsters need to be helped to see their parents more objectively. This is often therapeutically crucial for a youngster if he is to achieve a clearer self-concept and thus have better and healthier relationships with all people. For example, a youngster with little feeling of self-worth because of the limited attention and approval he received from his parents can, on a visit, graphically see that his mother is basically self-involved and dependent and unable to give of herself readily. Since the youngster is simultaneously having

another type of experience with the adults in the unit, he can be helped to separate out his mother's attitude towards him and see its effect on him more realistically, and thus be better able to achieve a more objective and wholesome self-image. He is also in a better position to evaluate the strengths and limitations of his family. In this way he can be helped to learn new ways of having more satisfactory relationships with them.

For some youngsters we find it necessary to cut down on the frequency with which they see their families:

> Robert's contact with his family so seriously impaired his ability to function that we curtailed visiting. He was angry and resentful but, in time, could begin to accept as our concern our firmness in controlling visiting arrangements. Robert, in his tremendous need to find acceptance, was ready to grasp at any will-o'-the-wisp and could not begin to see, for the longest time, that his father was an undependable and unreliable person. It was only after a considerable time, and after he was able to experience the rewards of living in the unit and getting more personalized care, that he finally reached the point of seeing that his father could be seen perhaps as a friend whom he could call upon at times, as someone who could treat him to an occasional meal or movie but could not, basically, give him the consistent, everyday responsible care he needed.

A visit may set off a depression or serious acting-out behavior, but this may be a necessary part of the helping process and has to be dealt with in the living situation and in casework.

Broadening Horizons

As we work with adolescents we find that it is not enough to uncover feelings and to build new, healthy relationships with parental substitutes, adults and peers, but that we also have to consciously enrich their lives and broaden their horizons. We recognize that a stress on materialism exists around them and influences their everyday existence. Immediate solutions, quick gratification and pleasure are bywords. Hydrogen bombs, guns, razor blades, and gang fights are used too often as natural, ready answers to conflicts and tensions. For some youngsters excitement and adventure mean being rowdy and engaging in vandalism, gambling and fighting. The major preoccupation, particularly for girls, is with appearance and boy-girl relations. (If you do not have a date life is dull, boring and routine.) We therefore have a responsibility to *intervene* with new experiences which will be pleasurable and gratifying, and which will also contribute a feeling of usefulness and provide a greater depth and excitement to life.

Initially, we looked at community resources for leisure-time activities. Some of the youngsters enrolled in modern dancing, one in a dramatic workshop, and most of them participated in the teenage lounge program in the recreation hall of the apartment development. However, we soon realized that there was a paucity of activity in the community. One of the housefathers then took an active part in planning neighborhood teenage activities, and was responsible for organizing a baseball league that has played a vital part in the lives of our boys during the spring and summer. In response to the common needs of the community, our "family" got together with other families to plan various joint activities.

Stress was also placed on group activity set up exclusively for our children. The boys have taken trips to Washington, D. C., Williamsburg, Virginia and the Pennsylvania Dutch country. The girls, although initially feeling Shakespeare was a bore and a "square," thoroughly enjoyed a trip to Stratford, Connecticut to see "A Midsummer Night's Dream." They have been introduced to new sports, new parks, recreation centers, theater and, we believe, are learning how to spend their leisure time so that their present and future lives can be more pleasurable, meaningful and enjoyable.

We agree with the general concern about the amount and quality of "hanging around on corners" that community teenagers are doing. It calls for more imaginative and creative approaches to their need for more fulfilling life experiences. Many adolescents have an appallingly small core of experiences and can visualize future living only in terms of their own immediate neighborhood or in some dream world. Only as they become aware of the infinite varieties of acceptable modes of living do they become truly accessible to therapy which is based upon hope for, and expectation of, a satisfying future.

We also consider work an important experience. Developing a responsible approach towards household chores is an important component of this, so that the youngsters have the responsibility of keeping the apartment clean with the help and supervision of the houseparents. Most of the adolescents are eager to work part time and during the summer. We believe greater independence, self-esteem and responsibility can be developed in this way. Some of the girls have become mothers' helpers, a few boys have become window washers and a few have gotten jobs at the swimming pool. Just as being established in the community gave us a greater awareness of the paucity of community recreational resources for teenagers, the limited availability of jobs for teenagers has also been more sharply focused for us. In essence, close exposure to the community has, therefore, not only been meaningful to the children we serve but has been important to us in focusing on the need to be aware of and help solve such social problems so that we can better serve our clients.

Value of the Community Setting

Casework is the key service to adolescents grappling with interpersonal problems which necessitate separation from their families. Nonetheless the setting in which adolescents avail themselves of this service is often the crucial factor in their productive use of it. Prior to the community-based, small group home, adolescent placement facilities were limited to the institution or the foster home. Neither has been able to meet the needs of many of these adolescents. Inherent in foster home living is a demand for return of feelings which the adolescent may not be ready to offer. Institutions are less demanding of this return but they have tended to remove the adolescent too far from a community give and take and the painful but growth-producing experiences of child-"parent" relationships. They develop acute anxieties about going back to the "city."

The small group home is located right on the firing line, itself a part of the community. Our fears that this would adversely affect the community remain, for the most part, unfounded. The conflicts that exist remain within the group living in the apartment. Often these are thinly disguised projections of sibling rivalries and parent-child hostilities. Our use of couples thus provides a meaningful therapeutic tool in casework or psychiatric contact. It is important that the number of children per couple remain small to permit the occurrence of these projections as well as others of a more positive nature which call for activity and response on the part of houseparents. When a child becomes openly ready for parental attachments, the couple should be there for him.

Finally, there is casework with the parents of the adolescents. The community setting calls for greater responsibility on their part as well as on the part of the youngster. The children are not in an institution but active in the community. Guilty as they are about placement, the temptation is intense to see the child and to maintain a surreptitious relationship with him. Casework on a regular basis must be available for these parents to help them cope with the realities of placement as well as the problems which precipitated it. (When we note the amount of mental hospital experience of our parent clients, we can recognize the need for continuing casework service.)

In sum, we have learned to appreciate the small group home as a necessary, often preferable, addition to adolescent placement services.

Rumford

(continued from p. 8)

All that I have just suggested as being your responsibility requires imagination and time. But if you help a board member grow on the job, you are sending a missionary back to the community. You are giving him the knowledge on which he can gain conviction with which to be a good interpreter and advocate. You are building the kind of support you need as a superintendent in a partnership, and you are helping to create the kind of board which children in your care need and have a right to expect.

This board-administrator relationship is a two-way street, and it is partnership in the highest sense.

MOTIVATING THE RESISTIVE CLIENT*

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A psychiatric treatment facility within the agency serving out-of-wedlock pregnant women would do much to motivate resistive clients.

THE problem of motivating the resistive client is such a multi-faceted one that, in order to reduce some of the complexities, I have limited my discussion to one agency, the Louise Wise Services. I would hope, however, that if what I say is valid for the worker-client relationship in this agency, then we can draw conclusions which are more generally applicable.

How can we define the problem of motivating the resistive client in its simplest terms? Perhaps we should first decide to what the client is resistive.

When a client comes to a specialized agency such as ours for help in her situation (out-of-wedlock pregnancy), and the agency has agreed to give this help, it hardly seems likely that the client will be resistive, unless we define this resistiveness as referring to her situation, the out-of-wedlock pregnancy itself. Every so often our efforts to understand and surmount a client's resistiveness depend upon our recognition and correlation of two things—the client's main defenses and the most important person, or persons, in her life.

It is in the nature of the symptom with which we are dealing, namely, the creation of a baby, that the girl may be using her function of reproduction to replace some important person who is gone. This important person is most frequently a close relative, though the relationship could be more distant. The person who is gone need not necessarily be dead but may merely have left—as in those instances in which parents have been separated or divorced. A parent may have died following a divorce, or a parent's death may be denied and the missing person considered to be alive; or, in reverse, a living parent can be considered to be dead. If the client's main defense is denial, and this defense is applied to the important person in her life—for example, if she denies the fact that her father is alive and feels that he is dead—this correlation sheds light on what her baby may mean to this girl.

Just as an individual uses more than one defense reaction, we often find more than one person of importance in the life of the client. Let us say that denial is used regarding the divorced father and identification on a rather primitive level (narcissistic) is used in reference to her mother, who is infantile and depressed. Thus, if this girl (for her own best welfare) is asked to surrender her baby, we may precipitate a catastrophic reaction: The separation from the baby will fuel the denial reaction and result in the girl's considering her baby dead. This, in turn, will feed the depressive reaction because the girl will behave as if the baby had actually died. Would you be surprised if this girl became pregnant again, even before the surrender formalities are completed?

Consideration of the need for pregnancy and the need for a child in analogy to the neurotic symptom formation will help us understand why all too often we are unsuccessful in our attempts to remove the symptom. The answer, of course, is that the symptom is needed. There are instances when this need is transitory rather than permanent, in which case the need is self-terminating. We find such instances in the field of out-of-wedlock pregnancy where pregnancy, delivery, and surrender bring to a successful end a neurotic conflict whose real nature need not be, and often is not, even understood.

The Resistive Client

We believe that the client's need to become pregnant was, to begin with, intricately tied in with her resistiveness. Thus, resistiveness is an expression of the instinctual needs, past object relations, traumatic events, and establishment of defenses leading to that peculiar symptomatology called out-of-wedlock pregnancy.

* Given at the CWLA Eastern Regional Conference, New York City, April 20, 1961.

Let us go back to the initial relationship between the client and the social work agency. When the agency has accepted the client, a certain agreement, or understanding, has been reached. The agency has agreed to help the girl deliver the baby which she carries by providing shelter and hospital care. Based on this agreement, it would seem that the only way the client can break *her* part of the agreement is by refusing the help which the agency has already agreed to give. But what of the agency? Is it possible that the social worker (or her agency) would break this mutual agreement?

Practically, from the client's point of view, there are two ways in which the social worker does this: first, when the social worker recommends that the client surrender her baby; second, when the social worker recommends that the client have psychiatric help in order to cope with her problems. Let me make my position clear: I would consider the worker remiss if she did not proceed along these lines,[1] but we must remember that either or both of these recommendations represent an infraction of the original agreement between client and worker since neither surrender nor treatment was part of the original agreement.

Resistive, then, from this point of view, needs to be understood more in terms of the dynamics of the situation rather than in an actual, realistic sense. Specifically, resistive refers to the client's attitude toward a new position the worker has taken, even though the worker is still bound by the original contract, i.e., to help the girl with pregnancy and delivery.

This whole situation is analogous to the patient-physician relationship, and perhaps an extreme example will best illustrate the analogy. A gynecologist tells of advising a woman with a fibroid tumor to have the tumor removed. The woman had already seen a number of specialists in the field and each one had given her the same advice. By the time she reached this particular gynecologist her fibroid had grown to such proportions that the only way she could perambulate was to place her huge, protruding belly upon something to support it—and she was supporting her abdomen on a baby carriage she pushed! Eventually the gynecologist was able to induce her to surrender her tumor-baby, but if she were to enter the hospital and then refuse the help the physician had agreed to give her, she would have to leave the hospital; if she were a minor, and her parents refused the intervention deemed necessary for survival, the courts could be called upon to act. Of course, we all realize the far-reaching differences between the symptom of the woman with the fibroid tumor and the woman who is pregnant out of wedlock. And these differences encompass more than the fact that one becomes a bigger tumor and the other a baby, or that the decision to remove the tumor rests solely with the adult woman. We must also remember that removal of the baby involves the community. Out-of-wedlock pregnancy introduces implicit and explicit community pressure, pressure which may in some instances be carried to the courts.

Imagine a situation in which the part of a hospital that serves accident cases is in the charge of social work personnel, and the medical specialists serve as consultants (as in most social work agencies). Each patient is offered help with whatever injury he has incurred. But, as he lies flat on his back and helpless, *literally a captive,* he is approached with the idea of delving into motives which led to the accident, and it is suggested that he enter treatment in order to avoid future accidents. Because in our agency situation the symptom results in a baby (which biologically and legally belongs to its mother even if society is justifiably interested), can we demand that this "captive" client relinquish her baby because we believe it is for the good of the baby? If the mother feels that relinquishing the baby is to her detriment, that is, if she proves resistive to our approach and we respect the integrity of another human being, we cannot insist on surrender, however well-intentioned we may be.

Recommending Psychiatric Treatment

Now what about the social worker's recommendation regarding psychiatric help? Again the client is resistive and this may or may not be part of the client's inability (or unwillingness) to surrender. To begin with, the client has *some* awareness of surrender as a pos-

[1] Marcel Heiman, "Significance of Out-of-Wedlock Pregnancy in Adolescents," *Casework Papers, 1960,* Family Service Association of America, New York, 1960.

sibility, but we all know that quite a few clients are as unaware of their need for psychiatric help as they are unwilling to accept such help when this need is pointed out to them. I believe it is in the nature of the world in which we live that there will be individuals who, because of a dearth of endowment and/or the magnitude of their life experiences, will be beyond our help—if our goal is adjustment to normal life. (Perhaps the best we can expect for the not-too-distant future is to understand the nature of the girls' difficulties, regardless of whether we can help them.)

Obviously, we cannot demand that the new mother, or mother-to-be, enter a treatment situation in order to understand, and thereby relinquish, the motivations that have led to her pregnancy. This would be about as successful as the direct request that a patient in psychiatric treatment give up the resistance which interferes with the progress of the treatment. Resistance in psychiatric treatment becomes an obstacle to a patient's progress, but understanding of the underlying conflict serves as a key to the patient's neurosis, making the analysis of resistance one of the most important tools in treatment. Similarly, we need precise understanding of all those factors in the life of the client which would give us a key to her resistiveness.

How can we assist these out-of-wedlock pregnant girls who are ready and eager for help with their pregnancy and delivery, but who are not willing to surrender their babies and either will not or cannot gain insight into their motivations through psychiatric referral or in a client-social worker relationship in which dynamic understanding is applied? Having defined resistive as referring to either surrender of the baby or the acceptance of psychiatric treatment, I ask you to consider the problem of motivation. The social worker is assisted in overcoming obstacles toward surrender because she knows that if it is humanly possible, a good home will be found for the baby. This is the social worker's inner justification for leading the client on the road toward surrender. But what is the situation regarding therapy?

So highly specialized is the social worker working in an agency for out-of-wedlock mothers that it takes a well-trained psychiatrist some time to catch up with her! Indeed, specialization enables the social worker to understand her client's motivations for out-of-wedlock pregnancy and to help her with surrender where indicated—at least in a good many instances. This specialized knowledge would stand the social worker in good stead could she continue the casework relationship with the client, but practical and theoretical considerations do not favor this.

What Treatment Facilities Can Be Used?

What happens when the client has accepted the social worker's recommendation for psychiatric treatment? A new, difficult situation arises. In her search for treatment facilities for her client the social worker begins competing for the private and public sources of treatment. Not only is the social worker competing for a scarce commodity, but there are other handicaps. If the family has the means, are they willing to finance treatment? If the girl has earning capacity, will her emotional state permit her to work in order to pay for treatment, or will she need treatment before she can start working? And what about those who have neither enough money nor immediate earning capacity nor emotional health? These problems hardly facilitate the social worker's endeavors to help her client accept psychiatric treatment, especially when the client has powerful inner reasons of her own for resisting this plan. Neither the social worker's skill nor her knowledge of psychic structure can overcome such obstacles.

The psychiatric consultant of course has a different role. A great deal could, and should, be said about the behavior of different clients during psychiatric consultations, as compared with their behavior with their social workers. Lest you misunderstand me—this difference is based less on any skill on the part of the psychiatrist than on the nature of the interview, its structure, and the client's anticipation. No prior "contract" commits him. He is called in as the voice of reality, and he represents to the client the paternal authority who is not awe inspiring but who can be respected. Either directly or otherwise, I let the client know that I am not bound by any agreement she has made with the representative(s) of the agency, and that I am bound only by my wish to help, based on my experience and knowledge. It

would be an error to assume that the psychiatrist is able to force the client into either surrender or psychiatric treatment. We are all aware that such resolution occurs on the basis of our understanding that to motivate the resistive client we need to know the motivations feeding her resistance. Understanding the nature of these motivations, and helping the girl understand them, diminshes their strength and this decreases resistiveness.

Establishing New Treatment Facilities

As a psychiatric consultant to a social work agency it has been my experience that in the majority of cases two questions accompany a social worker's request for psychiatric consultation: What are the dynamics in this case? Is the client suited for psychotherapy and, if so, where? The client has no money.

You will agree that these two questions are hardly related to each other. How can I use my understanding of the client's dynamics to answer the question of where to find a treatment facility for a person without money? But these two questions delineate directions in which we have to go and goals which we have to pursue. As to the first question, serious application justifies our expectation of greater understanding of the dynamics of each case, and we have been making progress along this road. But the second goal—treatment facilities—lies in a different dimension. I believe that the establishment of a treatment facility is part of the agency's responsibility toward the client, and I believe that this is part of the answer to the question of motivating resistive clients.

If we are to motivate a client into spending the latter part of her pregnancy in a home designed for such purposes, such a home must be readily available. If we are to motivate a client to surrender her baby, acceptable plans for the baby must be available. If we are to motivate a client to accept psychiatric treatment, treatment facilities should be readily available.

The addition of a treatment facility is desirable not only because of the scarcity of such facilities in the community at large but because it would complete the existing agency setup. Such a department could become a fountain of knowledge which would enrich the work of other departments. During pregnancy, mother and child come to us as one problem. After delivery, our one problem becomes two. We do everything to "habilitate" the child, and not enough to "rehabilitate" the mother. At present we refer our clients for treatment wherever we can, and we lose sight of them very quickly.

Of course, personal contact between the professional staffs of the treatment facility and the other departments of an agency is necessary, but the treatment facility should probably not be under the same roof as the other departments, since the client might not react favorably to returning to the place of her travail. But I do not think that the community at large should be involved in the treatment of girls who have surrendered their babies. The professional personnel treating these girls require special training and knowledge.

Obviously, what we would learn in the course of treating these girls would increase our understanding of motivations and help us motivate the resistive client. The closer we approach such a goal, the more we will have contributed to diminishing resistiveness in the client.

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SOME RECENT PUBLICATIONS*

International Child Welfare Review, Vol. XV, No. 1, International Union for Child Welfare, Geneva, 1961. 68 pp. 3 Swiss francs. This issue is devoted to a discussion of intercountry adoption.

Need a Lift? The American Legion, Education and Scholarship Program, P. O. Box 1055, Indianapolis 6, Ind., 1961. 84 pp. 15 cents. This handbook contains sources of career and scholarship information for children of veterans and non-veterans. It also lists state educational benefits. The handbook serves as an excellent guide for teachers and parents in helping students to plan for their education beyond high school.

* Available on loan from League's library.

HOMEMAKER SERVICE FOR CHILDREN WITH PSYCHIATRIC DISORDERS*

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An agency reports its experience in homemaker service for emotionally disturbed children and presents provocative data on the effects of mentally ill parents on children.

This is the second of two articles on homemaker service for families in which one member has a mental illness. The first article, "Homemaker Service for Families with Mental Disorders," by Rose Brodsky, appeared in the October issue.

HISTORICALLY homemaker service has been used most frequently for the care of children when a parent, usually the mother, was physically ill and unable to carry her child-rearing functions. However, the combined experience of many agencies has demonstrated that increasingly homemaker service is proving effective in families with varying degrees of psychiatric disorders.

Some of the values of homemaker service for children with psychiatric disorders reside in: (1) its effectiveness as an avenue for discovering children who are beginning to show signs of emotional illness or who are already acutely disturbed; (2) its contribution in clarifying and in hastening diagnosis and planning; (3) its natural opportunity to suggest, initiate, and forward treatment; (4) its versatility in co-operating with other helping services; and (5) its flexibility in adapting to the innate resilience and striving of children toward better mental health.

Child welfare workers have acquired considerable skill in working with children away from home, particularly in relation to the specifics of separation. We are, perhaps, less confident in working with children who present similar problems within their own families. The same knowledge and skills are required in understanding the child's own family and the quality of separation which exists when the family unit remains intact but loses an important member. These disruptions in the technically unified but separated family interfere with the child's normal development and adjustment.

There is general recognition that illness is always accompanied by varying degrees of economic, social, and emotional consequences. Therefore, one of the caseworker's first tasks is to evaluate whether the reactions of children and parents are natural responses which any relatively stable family would have to acute distress, or whether the situation which precipitates the need for homemaker service has intensified problems which are more deeply rooted in the life experiences of the children and their parents.

The unique characteristic of homemaker service in family diagnosis and treatment of emotional disturbances is its placement of a helping person in the child's actual living situation. Advancing treatment through a non-professional person is not new, particularly to caseworkers in foster care. In homemaker service the interlocking roles of professional caseworker and semi-professional homemaker, in co-operation with doctors, nurses, and psychiatrists, hasten the acquisition of knowledge and understanding of each family member and of the total family body. Hence choices of treatment can be more wisely determined, initiated earlier, or changed on the basis of daily observation of the family in action.

How Homemaker Service Helps with Diagnosis

Eddie's situation illustrates the way in which homemaker service can help to clarify diagnosis and redirect treatment. A mental health clinic providing therapy for Eddie, a four-year-old

* Given at the CWLA Eastern Regional Conference, New York City, April 20, 1961.

brain-damaged child, referred his family for homemaker service for the period of the mother's confinement. The mother, thirty-six, and the father, thirty-eight, a shipping clerk, had brought Eddie to the clinic two months before, as they were very concerned about his behavior. Two older sons, eight and six, lived with the mother's parents in another state. The clinic described the mother as a compulsive person who would have difficulty even with a normal child, as her idea of a boy's behavior was that he be sweetly conforming and good. The father presented himself as being overwhelmed. Eddie was a veritable tornado of wild, destructive activity, and beyond the control of both parents. His response to the father was one of total negativism. After clinic treatment had been instituted, Eddie became somewhat quieter, and with casework help the mother tried to follow the therapist's suggestions of more positive handling. Because of this beginning improvement, the clinic wanted Eddie to have care at home during the mother's confinement and for a period following her return with the new baby, so that she would have sufficient time and energy to devote part of her day to Eddie. The mother was given help to realize that Eddie's troubles were organic and that she was not responsible, that he would always be more active than other children, and that this was an unchanging condition to which the parents would have to adjust. The father left Eddie's care entirely to the mother but expressed interest in the time when Eddie would be older and could engage in games which interest the father.

Following the referral conference with clinic personnel, both parents applied for homemaker service. The father expressed eagerness for the service, and readily agreed to the fee and to assuming the additional responsibilities he would carry while the mother was in the hospital. The caseworker again interpreted homemaker service to the mother, talked over the way she managed her home, and met Eddie, who raced from room to room. The mother feared that having had one abnormal child she might have another. Her fervent wish was for a sweet, quiet baby girl.

A homemaker who had worked successfully with other emotionally upset families was assigned to the Allens, after she was briefed about the purpose of homemaker service for this family and about the clinic's recommendations for handling Eddie. The homemaker began work a week before the baby was due in order to get acquainted with Eddie. However, the mother went into labor the day she arrived, so that Eddie saw his mother leave for the hospital on the same day that the homemaker came. The homemaker's attempts to reach him were met with wild plunging from one activity to another. He broke dishes, tried to pull the furniture on top of himself, and would not eat. When the father came home, Eddie quieted a little and e homemaker was able to get him to bed after the father left to see the mother in the hospital. The following day the mother gave birth to a boy. The homemaker told the caseworker that her days were filled with vigilance as she was conscientiously trying to follow the therapist's instructions not to be too curbing in restraining Eddie, and trying to divert his attention quickly. She described Eddie as exhausting but responsive and added, "He is very lovable."

When the mother returned from the hospital with the baby, the homemaker phoned the caseworker asking for help. In contrast to the mother's original pleasant manner toward the homemaker, she had burst out at her angrily that the house was filthy, and had fallen to scrubbing and cleaning although the homemaker had just cleaned the house. The mother whipped Eddie and would not let him touch the baby. Eddie had been co-operating with the homemaker, had even let her hold him on her lap and read to him. Now he seemed to have become infected with the mother's whirlwind of activity, and as she tore through the house Eddie became wildly uncontrolled. The homemaker was quite distressed about the situation, but accepted the explanation that the mother was expressing her frustrations and that the homemaker was not to take this as personal criticism.

In subsequent sessions with the clinic caseworker, the mother expressed her deep disappointment that she did not have a girl but instead had "double trouble," the baby and Eddie. She was helped with her rearoused anxiety that the baby would be like Eddie. When she returned home from clinic visits she was quieter, and asked the homemaker to help her to be kinder to the boy. These remorseful periods were brief, and the homemaker reported that she found waves of anger engulfing her when the mother cursed Eddie, struck him, and told him she could not wait to be rid of him. When he fussed about eating, the mother grabbed him by the neck and crammed food into his mouth forcibly. The homemaker thought that Eddie's situation had worsened with the birth of the baby and her presence, as Eddie was now clinging to her. The homemaker figured that the mother was reacting so adversely because she had built up such a case of Eddie's being unmanageable for anyone that seeing him so responsive to the homemaker made her realize that at least some of Eddie's troubles were due to her own handling.

At a conference attended by the clinic caseworker, Eddie's therapist, the homemaker, and the homemaker's caseworker, the clinic noted that Eddie was calmer when accompanied by the homemaker than he was when brought by the mother. Following the birth of the baby, Eddie stayed awake both day and night. The therapist had recommended that Eddie be given every inducement to rest. The homemaker stated that the mother handled this recommendation by locking him in his bedroom even though she knew he panicked behind a locked door. Eddie screamed and begged to be let out, but the mother insisted that he stay there and rest. She kept him in his room for more than an hour in spite of the homemaker's pleas, saying she was following the therapist's recommendations.

The father treated Eddie like an object to be pushed aside if he got in his way. The mother told the homemaker that she felt so alone with her problems, and that in spite of the front they put up, she and her husband hated each other. The homemaker urged her to tell all this to her caseworker, who could help her and her husband.

The mental health clinic felt that homemaker service had served an invaluable purpose in demonstrating this child's warm response to a loving person, and had given clues to the extent of the parent-child and marital pathology. The direct observations of the homemaker led the clinic to change the diagnosis of Eddie's condition. While his difficulties were originally considered organic, the clinic now believes that much of his trouble is contained in his extremely difficult relationship with his parents. Clinic workers stated that homemaker service had provided them with knowledge which might never have emerged in clinic interviewing. On the basis of these findings, they are refocusing treatment and considering the possibility of a different kind of care for Eddie.

Interaction of Homemaker and Family

The placement of a homemaker in any family necessitates a re-forming of roles and relationships for each person, with all the attendant changes in feelings. These individual relationships ebb and flow throughout the period of service, and require a high degree of adaptability on the part of the homemaker. For example, she may relinquish or retain in part her mothering relationship when the mother returns to her family. Whether the ill member of the family is in or out of the home, the homemaker is the human center around which children, father, and mother regroup and work out their changing relationships.

Guided by the caseworker and responsible to her, the homemaker brings a family practical help in the physical care of children and household management, tactful educational demonstrations of child rearing, and psychological support.

An example of homemaker service in forwarding treatment of a family beset with severe pathology is illustrated by the Greens:

This financially secure family had never had any previous connection with a social agency. At the suggestion of her doctor, Mrs. Green requested 24-hour homemaker service for her five children during her stay in the hospital for observation and possibly an operation. The father supported his family but came home only on weekends, claiming that the filthy home and the disruptive behavior of the children made him ill. The mother cried continuously, felt overburdened, depressed, and disorganized. The last straw was the threat of surgery. The mother was overwrought and described the children as being completely out of control. Sally, eleven, was tense and hysterical. She uttered piercing cries in school and had been referred to the child guidance clinic. Eric, ten, was the mother's favorite. She felt most sorry for him, as the father decided to prevent him from becoming a juvenile delinquent by beating him several times during the weekend. Gregory, seven, was a worrier and had asthma. Tom, four, was overly active and aggressive, and Morris, one, fretted incessantly. The noise and confusion were intolerable to the mother. She was exhausted and had strength only to feed the entire family a liquid diet. She feared going out on the street alone, so the only solid food was that brought back by Sally, whom the mother did not trust.

In the days preceding the mother's going to the hospital, the homemaker observed that the mother was caustic and critical with the children. She humiliated Sally by warning the homemaker in the child's presence to watch her purse, as Sally steals money, and to watch out for her tricks, adding, "She's just like her father." Sally bullied her mother in such a way that she quaked before the child's fury.

As soon as the mother left for the hospital, Sally ordered the homemaker to leave the home. Eric challenged Sally's authority and immediately all the children, including the one-year-old, joined in the fight.

The mother was in the hospital three days when all her physical symptoms disappeared, and it was decided that she did not need an operation. She was referred for psychiatric treatment on an out-patient basis and returned home, with the recommendation that for a while she be free from direct care of the children.

In an interview with the caseworker, the father spoke of noxious fumes in his office and of his boss's spying on him. He dismissed any discussion of his family by saying that they made him sick to his stomach. The mother related to the caseworker with an almost desperate quality and poured out an account of a miserable childhood. The caseworker recognized many indications of strength in the mother, and she and the homemaker gave her support and appreciation for her difficult situation. Gradually the homemaker got her to go out as far as the elevator, then downstairs, and finally to the market. They cooked together, and the homemaker taught her to sew, and left little sewing projects for her to complete. The mother regained enough confidence in herself to call the police one evening when the father attacked Eric. The father was in such a disturbed state that the police took him to a hospital, where he was diagnosed as psychotic and transferred to a state hospital.

As the children and the mother responded to casework and psychiatric help, the homemaker was able to demonstrate the advantages of firm, fair, and kind handling. The homemaker worked closely with Sally, building up her self-esteem through approval of her appearance and trust in her. One afternoon when the homemaker was singing to the baby, Sally joined her, and thereafter she and Sally were singing companions. The caseworker arranged for day care for Tom, the four-year-old, and Gregory, Eric, and Sally joined a settlement house. Sally was invited to join the children's choir at church, and Gregory has not had an asthmatic attack for four months.

After eighteen months, homemaker service is being tapered off in this family. The combined help of the mental health clinic, the school, the church, day care, settlement house, and homemaker service has improved relationships and brought a better level of living to the entire family.

Homemaker Service Reveals Effects of Mentally Ill Parents on Children

Tolstoy said, "All happy families resemble one another: every unhappy family is unhappy in its own way." The records of twenty families manifesting varying degrees of psychiatric disorders showed that while these families were unhappy in their own way they also resembled each other in their unhappiness. The first obvious observation was that emotionally ill parents equal emotionally ill children. A "homemaker's eye view" of daily living in these families, together with the findings of the caseworker, psychiatrists, doctors, and others involved in helping, revealed the highly infectious nature of mental disturbances.

Seven of these families, with a total of twenty-three children, were referred for mental health reasons. In thirteen families with fifty-four children, the presenting need for homemaker service was the mother's physical illness, and it was only during the course of homemaker service that the children, the mother, and the father revealed the fullness of their mental and emotional disturbances. It was significant that initially most of the fathers appeared to be functioning well under the circumstances, but later were found to be as much or more disturbed than the children and the mother.

There was a high incidence of physical violence between husband and wife, parent and child, and child and child. Although dependency and hostility were to be expected in these families, the degree of emotional estrangement was profound. Wives described their husbands as cold and indifferent, saying that they stayed away from home, gave little or no support, and were cruel and callous toward the children. Husbands described their wives as slobs, naggers, and "just plain nuts." Helping some of these immature adults to improve their husband-wife relationships did not automatically improve their parent-child relationships. A couple might come closer to meeting each other's emotional needs but be unable to meet the quite different demands of child rearing. The healthy maturation of children cannot always wait for the hopeful maturation of their

parents. In many families, parents concentrated their ill will on one child, although not always the same child. These little scapegoat children were also abused by their brothers and sisters, who took on the attitudes and behavior of the parents toward the "out child."

The vulnerable position of the oldest girl in the family was acute. In many stable families receiving homemaker service, the oldest girl often finds herself playing the part of "little mother." This role may be placed upon her, or she may ascribe it to herself as her right. While taking mother's place has its satisfactions in approval, it also stimulates fantasies about her relationship with her father and anxieties about her disloyalty to her mother.

Relinquishing her maternal role to a homemaker is often difficult for the oldest girl, and her dominance of the younger children is sometimes sufficiently strong for her to rally them into solid opposition against the homemaker. Normally a homemaker recognizes, understands, and makes an ally of the oldest girl, thus freeing the child group to relate individually to the homemaker. However, in these twenty families with an oldest girl in the maternal role, the unified resistance to the homemaker was much stronger. The initial banding together of the children against the homemaker was sometimes engineered by one of the younger children. Their resistance to the homemaker as an invader took the form of refusing to eat her cooking or to co-operate in bathing and dressing, telling her to go home, taking the money left by the father for marketing, hitting and trying to hurt the homemaker.

One seven-year-old boy went to a policeman in the street and told him, "There is a strange woman in our house going through my mother's things." Accompanying the policeman to the apartment, the child pointed to the homemaker and said, "There she is, throw her out."

The hostile use of food was seen in several families, where forced feeding of babies was concurrent with a seeming lack of concern about the food needs of the older children, many of whom snatched and bolted whatever food happened to be in the house. Frequently the disturbed adult, unable to sleep, wakened the children during the night. Toilet training varied from excessive concentration to no training at all. There was some tendency to keep the young children infantile in all areas of development. Other parents exacted unreasonable demands. One father, for example, insisted that his two-year-old son recite quotations from Shakespeare.

A repetitive pattern showed itself in the reactions of young babies to emotional uproar in the home. They cried excessively, slept lightly, stiffened when removed from their cribs, and had digestive upsets. One experienced homemaker describes these babies as being attached to places rather than to people. Their response to the homemaker's gentle handling was slow, but when it came they later resisted going to their own mothers. This strong transfer to the homemaker was also evident with the preschool children and many of school age. The preschool children got the hour-by-hour brunt of their parents' disturbances, whereas the impact could be somewhat diluted for the school-age children through school attendance, day care, and after-school activities.

Caseworkers and homemakers saw guilt and projection in many families where the mother was in a mental hospital. In-laws blamed the father for driving the mother out of her mind, and the father often expressed remorse over his behavior toward the mother before she became ill. Children blamed their own bad behavior, and in several instances a relative harassed a particular child with the constant reminder that it was his behavior which caused the mother to be put away.

These families also resembled each other in their personal and social isolation. They had cut themselves off from any kind of natural communication with their relatives, friends, church, and neighbors.

These observations suggest further exploration into when, for how long, and toward what goals homemaker service can be used in families where parental pathology interferes grossly with a child's well-being. The principle that children belong with their own families is

(continued on p. 29)

SOCIOLOGICAL IMPLICATIONS OF LONG-TERM FOSTER CARE*

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Without better understanding of cultural conditioning, we may be providing inappropriate services. More information about factors which are producing inadequate family constellations is essential.

BOTH a challenge and a mandate are implied in the functions which society [1] has assigned to social work as a profession. Social work is a social institution, and its functions derive principally from the failure, in varying degrees, of society's other social institutions [2] to carry out the duties traditionally assigned to them. Here the term social institution is being used in its sociological sense, to mean one of society's organized and accepted ways of providing for the fulfillment of basic human needs. The family, for instance, provides for the perpetuation of the human race, for an orderly means of satisfying sexual needs, and for a constant source of emotional satisfaction. It serves also as a miniature of society itself.

Social work agencies exist because society conceives of norms—that is, levels of existence that are considered essential for the well-being of its various members. Norms are also standards of expected behavior. Various social institutions assist society in achieving its objectives in these different areas of human existence. Social work is the most recently created or invented of these social institutions; its functions are perhaps the most difficult to fulfill.

The social work agencies within a community make real the functions of social work as a social institution. Since the profession must operate within the framework of the norms of the society in which it exists, both the corrective and the preventive are imperatives in any and all perspectives it holds. These functions imply that the agency and the community, working together, agree upon what forms of living are best for *all* the people and upon how these forms may best be achieved and maintained. In other words, the community and the social work agencies existing therein have a common understanding and general agreement regarding the levels beneath which individuals may not exist effectively. There is a dynamic partnership that obtains between the community and the agency which is maintained by both from great and genuine concern. The social work agency is the conscience of the community, the manifestation of its determination that all members shall be enabled to live according to its norms. Both share the common objectives that members of the community shall be able to participate effectively in all areas of communal living, and that there shall be a continuous flow in the development of young persons who will be able to assume their share of community responsibilities when adulthood has been achieved.

Extensive Research Needed for Effective Planning

From unpublished studies of children who are awaiting placement, there are indications pointing to a need for more and exact information about the families and the social situations and about the children themselves. Agencies that have had the most experience with children in need of placement understand that their job is a difficult one because of the condition of parents and the social situations from which they come. They realize that an agency

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* Given at the CWLA Eastern Regional Conference, New York City, April 20, 1961.

[1] Society—any group of people who share a common geographic area; who have lived and worked together long enough to think of themselves as "we" in contradistinction to "they"; who speak a common language; and whose habits, customs, and general way of life are the same.

[2] Other illustrations of social institutions are religion, government, and education.

can hardly expect to include the parents in the planning for these children, because the parents are too badly disorganized for such participation. Agencies know also that these parents have had fewer previous agency contacts than families of children needing placement in previous years. They are aware that the size of the placement family is creeping upward; more children per family are now involved. But do agencies know the meaning of these changes? What do they signify in addition to the surmise that the national social services are taking care of most of the needy and that those who remain are the least capable of adjusting in any social setting? A community, through its social service agencies, is obligated to secure all the facts surrounding its social problems—old or new. The truths discovered in these areas of living leave the community free to pursue purposeful planning and to develop the services necessary for meeting the needs that are discovered.

At present, communities and social work agencies are either not completely aware of the true nature of the needs of the parents and children awaiting long-term foster care, or they have not yet developed sufficiently new content to the casework process as applied to foster home care. Otherwise, how does one account for the extensive emotional turmoil and disturbance in many of the children under care of agencies for long periods of time, or for the large number of children whose parents also grew up in foster care settings? Yet, we have accepted as possible fact that the profession has perfected the foster home care method as far as this can be achieved, and that the responsible agency in our society knows how to select a "good" foster home, how to prepare the child for the experience, and how to supervise the child in placement—working with the foster family in a partnership that is truly wonderful in its concept.

It is to be questioned, however, whether our perfection of this method and our allegiance to all the professional details pertaining thereto are not leading in the direction of producing a highly "germ-free and mechanically perfect condition" in which the child may perish. Too often, child caring agencies, accustomed to following time-honored methods and procedures, behave as though these children, their families, and the social conditions that brought them into agency contact differ in no way from those with whom they were working some twenty years ago. The possibilities for permanent damage to these children and their parents will be almost inestimable if this area of agency activity is not examined closely and the necessary changes introduced with dispatch.

The social work profession has customarily compared itself to medicine, borrowing such terms as diagnosis and referring to social ills. It is well to face some facts, along the same line of thinking: Effective treatment is not given without clear and certain knowledge of the true nature of the condition. Incorrect treatment is as deadly in the social body as it is in the body of man. New casework skills and techniques are needed if we are to deal effectively with these children. Once we have developed some new methods and techniques, we should not assume that they are effective just because they may be imaginative, courageous, and bold; we should immediately begin research projects to test them.

Understanding Cultural Conditioning Essential

One dilemma in which so many social agencies find themselves, be they public or private, relates to the overall problem of negative cultural conditioning. Not only is it evident in social work practice that no reliable professional preparation has been given to cope effectively with this phenomenon, but social workers use the term culture freely without agreement on its meaning. Too often the caseworker uses the same term to refer to cultural traits and to bad social habits of an individual as though the two concepts were identical, and predicates a treatment plan as though her understanding represented facts. Bad social habits are the result of negative cultural conditioning; they usually result in social problems. But a cultural trait with which a social worker is not familiar is not a negative matter per se, nor does it necessarily result in a social problem. It is socially damaging to treat it as

though it will. It is also socially damaging to treat a person who, for many reasons, has not been prepared to live in the society in which he finds himself as illustrative of "his culture." He does not have the proper social tools to go about living in a socially acceptable manner in this new environment. He needs to be taught. One is impressed with the frequency with which the inability to cope with this concept actually defeats the excellent casework effort that an agency is extending in behalf of the child or children.

There are strong indications that servicing these children, while at the same time not assisting the parents professionally, is less than unrealistic; it is socially wasteful and is unrelated to any real social planning for them, unless the sum and substance of the planning is a discontinuance of all parent-child relations. No child placing agency could expect to prepare a child to deal, as an adult, with his parents, parents who have been unable to function in their parental roles during the minority years of the child. It should be remembered that the parents may, and often do, reappear upon the scene after the children have reached their adult years. But this is only one reason for seeking an extension of casework services for these parents. They are sorely in need of it, and if they are not helped, they will manifest even greater needs as time goes by. Witness, for example, the sibling units under care, where child after child has been added by the unhappy mother. These parents can outproduce the agency's capacity to accommodate them. Leaving the parents without adequate casework service, and more or less to their own devices, is an admission that our skills are inadequate to cope with them. It solves nothing whatsoever.

Meeting Children's Needs Quickly

Child caring agencies must resolve the dilemma of the number of children awaiting placement and must eliminate the considerable amount of time between the date a child leaves his own home and that on which he is accepted for placement in a foster home. Prolonged preplacement studies may eliminate certain categories of children from an agency's caseload, thus ensuring more certainty of success once the child has been accepted. However, there is serious question as to the added damage to the child while this excellent casework process is being precisely pursued. To close intake may preserve the professional standing of the agency involved and may support the professional ego of the staff; yet the image of the profession in the community is hardly enhanced thereby, and board members often find this procedure difficult to understand.

There must be profound concern for those children who are not accepted by any foster home agency. Active professional efforts must be joined with those of the community in developing means of servicing children who are not accepted by any foster home agency and who as a rule have special needs. These services should be developed as speedily and effectively as present professional knowledge allows. As long as there are children in any community whose needs are not being met, no child caring agency can feel that its functions justify its existence, either professionally or morally. Irrespective of the wonderful professional status that an agency enjoys among its peers, there is a wider and broader community to which it has a responsibility. Professional doubletalk does not reduce the number of children awaiting placement, nor does it remove the rather serious questioning by other competent and scientifically oriented professionals in related fields as to why the results of social work are so minimal.

There is always the consideration that in order to do an adequate job there must be a sufficient number of well-trained professional staff. We are now familiar with the pattern of flow of men and women into this profession. It is time to make the necessary adjustments demanded by the situation. Children are highly perishable objects, and their needs do not await the ebb and flow of this professional tide.

Also, there is a question whether agency experiences in the difficult area of child welfare become sufficiently a part of the formal training of social work practitioners; whether generic orientation alone is adequate preparation for practice of casework with children; and whether in the case-selection process for

training students the student gets enough either in terms of volume of experiences or length of time in which to learn the work in this area of professional practice.

The community and its social work agencies should not only be aware of present needs of its population, but they should also develop reliable indices so that they can plan ahead with accuracy. This planning means being able to anticipate well in advance the needs for certain services not yet present in a community. It means taking certain precautions so that many problem situations are prevented from arising. It means co-ordinating the services of various community agencies to eliminate costly overlapping. It means new uses for old services. It means constant vigilance, since there will always be individuals who will not be able to plan for themselves or for the children they produce. It is conceivable that as old problems are mastered and brought under control, agencies will be free to turn their resources to dealing with the situations making a greater claim upon the community's skills.

Summary

Apparently the social situations which led to the placement of children some two decades ago are not the ones responsible for children coming into placement today. The network of Federally supported welfare services has siphoned off all but the most socially inefficient parents. These parents come from grossly pathological situations and have done such a poor job of providing wholesome family experiences for their offspring that these children, who make up the bulk of those awaiting long-term care, actually have special needs.

Some of the agencies servicing these children realize that not only are the parents unable to participate in planning for their children, but also that the children must actually be protected from contact with the parents. The parents are as much or even more in need of intensive and constant servicing by some casework agency than are their children. But child caring agencies service these parents only superficially. Too often these parents, usually mothers, receive no service whatsoever unless it is through institutionalization or some form of public assistance.

As a rule, the community and the social agency do not have accurate pictures of the nature and extent of the factors producing these inadequate family constellations. Research is greatly needed, since responsible social planning cannot proceed before *all* the facts have been reliably obtained.

There are indications that present methods of servicing children in foster care, developed long before the increase in the number of children with special needs was so manifest, may not actually be best suited for servicing them most effectively. Research is needed to discover more reliable methods. The extensive emotional disturbance of children who have been under care for long periods of time attests to the lack of success of present methods. Extended research may indicate that new agencies with different functions are needed.

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NEWS FROM THE FIELD

League National Practice and Recording Committee

"Examination of Casework Practice as Reflected in Recording" was the selected focus of study of the National Practice and Recording Committee for 1959–61. The published *Standards* of the Child Welfare League of America were used as criteria for evaluating casework practice and recording. A total of 164 League member agencies were represented on the thirteen area committees.

Agencies' interest in the standards of practice and recording was evidenced by their participation in area activities and in their submitting records for the Case Record Collection. During the first year, these area committees studied the *Standards* and examined record content, quality and method of recording, and the degree to which records reflected *Standards* of practice. Since the majority of agencies were engaged in providing adoption and foster family care services, these *Standards* received primary attention. There was also a large number of records in these services submitted for the Case Record Collection.

Publication of the *Standards* stimulated many agencies to examine their practice. The most effective results were obtained in areas where participating agencies set up study committees to assess their practice and method of recording in relation to the *Standards*. The findings of agency committees were given to other agencies in area meetings. The committee's study of the *Standards* and subsequent examination of records pointed up serious lags in many areas of casework practice. It was further noted that knowledge of the *Standards* is not sufficiently widespread to insure their application in all areas of practice. The Committee thought that broader use of the *Standards* in agency staff development programs would speed the implementation of these *Standards* in practice. The examination of records and the assessment of recording problems faced by agencies and practitioners clearly pointed up the need for redefining the purpose of the record and developing criteria of record content for each service based on League *Standards*. Some areas began to pinpoint the essentials that should be contained in records, working on the development of outlines and guides for recording. It was agreed that there is a generic base for recording, but specifics for each service must be pinpointed. The composite findings of the area committees were published in the November, 1960 issue of CHILD WELFARE. In 1961, institutes on recording were given at four Child Welfare League Regional Conferences.

The second year, committee activity was focused on the selection of records that revealed good standards of practice. A total of ninety-five records were selected for the 1961 Case Record Collection. Twenty of these were chosen for the Permanent Library. The assembled Collection includes the following records: adoption, 16; adoptive home studies, 15; day care, 2; foster family care, 17; foster home studies, 6; institutional care, 3; own home services, 18; protective services, 6; unmarried mother services, 13.

This Case Record Collection is available on loan to League member agencies and to Advisory Service subscribers free of charge, except for shipping charges. Others may borrow the Collection for $25 plus shipping charges for a three-week period, with shorter periods prorated.

It was agreed that standards for recording should be set up for each service in the same manner as standards for practice. Evaluation of the study engaged in by the area committees pointed up the universal recognition of this need. Area chairmen felt that only limited progress had been made as a result of one year of study and expressed the desire to continue with this emphasis. The National Committee decided to continue the focus of study initiated in 1959, "Examination of Casework Practice as Reflected in Recording," during the next biennial period, 1961–63. The basic goal of the examination of records in relation to standards of practice is to produce material that will enable the League to set up standards of recording for each service. Area committees will concentrate on developing an outline of the basic content of records for each service. Factual data, as well as elements of casework practice described in the *Standards,* will be incorporated in the outline. The Na-

tional Committee urges all member agencies co-operating with area committees to set up study committees within their agencies, as this will provide more comprehensive coverage for testing standards of practice and for setting up standards of recording.

Miss Bernadine N. Looymans, of The Diocesan Bureau of Social Service, Hartford, Connecticut, will be National Chairman for the next two years. The Area Chairmen will be:

Area I	Miss Elizabeth Lewis, State Department of Welfare, Jackson, Wisconsin
Area II	Miss Martha Watson, Children's Home Society of Virginia, Richmond, Virginia
Area III	Miss Marijane Jones, Worcester Children's Friends Society, Worcester, Massachusetts
Area IV	Mrs. Mary Diggles, Jewish Children's Bureau of Chicago, Chicago, Illinois
Area V	Stanley Harris, State Department of Public Welfare, Denver, Colorado
Area VI	Miss Marie Bette, Child Adoption Service of the State Charities Aid Association, New York, New York
Area VII	Robert Corcoran, The Family and Children's Service of Niagara Falls, Niagara Falls, New York
Area VIII	Louis Knaggs, State Department of Social Welfare, Traverse City, Michigan
Area IX	Miss Gloria Donadello, Children's Aid Society of Pennsylvania, Philadelphia, Pennsylvania
Area X	Miss Josephine Cannon, The Children's Bureau of South Carolina, Columbia, South Carolina
Area XIA	Miss Marian V. Peterson, Bureau of Public Assistance, Los Angeles, California
Area XIB	Mrs. Lucille T. Kane, Children's Home Society of Washington, Seattle, Washington
Area XII	Miss Stella Hefferman, Catholic Social Welfare Bureau, Milwaukee, Wisconsin

MRS. ANNA M. EARLES
1959–1961 Chairman
National Practice and
Recording Committee

Survey of Public Attitudes on Foster Home Care

We recommend to executives and boards of foster family agencies an article entitled "What People Think About Foster Care," which appeared in the March-April, 1961 issue of *Children*. Kenneth Dick, Assistant Executive Director, Family and Children's Service of Greater St. Louis, reports on a survey of public attitudes on foster care conducted by the St. Louis University School of Social Service. The survey points toward clues for recruitment and interpretation—clues which are needed.

Tips for a Merrier Christmas

Mr. Leroy H. Jones, now Executive Director of the Sara A. Reed Home in Erie, Pennsylvania, sent us a copy of *Tips for a Merrier Christmas for Children in Institutions*, which was prepared by a committee of Nebraska institution representatives under Mr. Jones' chairmanship.

Each year, as the Christmas season approaches, institutions and foster home agencies begin to receive requests from organizations and individuals desiring to give a variety of gifts. These offers vary from a party in a downtown office to a dinner in a family's home.

The Nebraska committee, composed of Mr. Jones, Sister Mary Charles Keane, R.M.S., Miss Jean H. Lee, and Sister Mary William, R.G.S., has written a sound, attractive pamphlet which should be helpful to institution and foster home agency executives and their boards. Full appreciation is expressed for the spirit which motivates the offers of help, and a wide selection of appropriate ways of contributing to the happiness of the child in an institution is given. For example, the committee writes, "[Christmas] is not a time to be spent with kindly but strange people," but it adds, "A popular idea is to provide a catered Christmas dinner for the staff and children alike so that all staff members have a chance to join the children in Christmas festivities."

A limited number of these pamphlets are available at 10 cents each; copies may be obtained by writing to Mr. Reynold K. Bjurstrom, Director, Social Service Department, Immanuel Deaconess Institute, 36th and Meredith Streets, Omaha 11, Nebraska.

EDITOR

Johnson

(continued from p. 22)

based on the assumption that the attitudes and atmosphere of their own homes afford at least a minimal opportunity for the children to realize their own potentials. When, on the basis of a thorough evaluation at intake and throughout homemaker service, it is evident that the negative quality of parent-children relationships, methods of child rearing, and the detrimental emotional climate of the home cannot be changed or modified, the caseworker has a clear responsibility to help child and parent to the kind of care through which the child can develop. The choice of care and treatment for these emotionally crippled children becomes an unbearable dilemma when the community does not provide the necessary variation of facilities and services for them.

In families where parents and children have sufficient strength to be helped through casework, psychiatry, and other community services, the homemaker as a stable element in the family interaction lessens the pressures on the children and their parents, protects them from their own destructive impulses, and brings human warmth and hopeful reality to day-by-day living.

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CORRECTION

In Rose Brodsky's article in the October issue, page 16, column 1, paragraph beginning "Thus we can see," line 11 should have read: "poses of clarification. Were this."

READERS' FORUM

Better Service Needed in Public Welfare Rather Than Change in Categories

To the Editor:

I am interested and not a little surprised to find your correspondent (George H. Finck, in the June issue of CHILD WELFARE) suggesting a novel scheme for categorizing public assistance programs. While this was admittedly not the main focus of his communication, I nevertheless feel impelled to address myself specifically to it.

. . . . . .

We are told that twenty-five years of experience with public assistance have demonstrated that there are "differences of function and purpose" among the categories; that ADC constitutes a *temporary* program because children are automatically removed from the assistance lists upon reaching a specific age limit when presumably "they will have learned to become self-supporting"; that, therefore, programs involving children should be geared to "strengthening family life through casework and other rehabilitative services"; that, on the other hand, "old age, blindness, and permanent disability are, in almost every instance, 'terminal' problems"; and that for people in these categories, "little other than financial assistance to maintain income can help." Thus we have the suggestion for a realignment into two categories, *temporary* and *terminal,* a fragmentation that would be even more arbitrary than the present one.

Is this a factual representation of our experience in helping people find a way of taking hold of life's problems? Are chronological age and disability the only factors which determine the degree of self-sufficiency, the level of personal adjustment, the extent of participation in and contribution to normal, healthy community living which an individual can attain? I think not.

Surely it is not that we should provide less in the way of services to children than Mr. Finck proposes, but rather that we should provide more and better services to all public

assistance recipients in terms of their individual needs and their capacities to use them. Surely we will not find the answer merely by changing administrative categories or even, may I add, by changing agency auspices, but only if we can devise ways of bringing the necessary services and skills into line with the reality of the need.

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LEONORA B. RUBINOW

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Department of Institutions and Agencies
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Decrease in Adoptive Applicants Related to Birth Rates

To the Editor:

In answer to Mr. Waxter's letter (CHILD WELFARE, September 1961) about the apparent decrease in adoptive applicants, we have found the same problem to an extent. The agencies in Southern California discussed this at a meeting in March of this year, convened under the auspices of the State Department of Social Welfare.

I suggested a theory, gained from reading, that the number of applicants could do nothing but decrease, and related this to the indices of births since 1900. *The Population of the United States,* by Donald J. Bogue, Free Press, 1959, contains the following statement: A "steady reduction took place in the proportion of infants and children, in both early and late childhood, from 1880 until 1940. Between 1930 and 1940, birth rates fell so low that in 1940 the age groups 0–5 and 5–9 were smaller, by 2,806,000 children, than they had been at the preceding census! . . . In 1960, this unusually small crop of children is in the early maturity and maturity groups. . . ." (p. 97)

Beginning in 1900 the population increase, by decades, was: 1900–1910, 16,015,000; 1910–1920, 13,794,000; 1920–1930, 17,180,000; 1930–1940, 9,963,000; 1940–1950, 19,161,000; estimated 1950–1960, 28,674,000.

Comparing these population figures with the birth dates of couples applying to agencies (add a median 30 years, or 35) we will not see any improvement in our situation until 1970.

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JOHN NATTEFORD, R.S.W.

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Dealing with Illegitimacy

To the Editor:

In view of the widespread controversy about certain aspects of the ADC program, I believe that the readers of CHILD WELFARE would be interested in the cogent views of Harry Golden as expressed in his letter to *The New York Times* of August 15, 1961.[1]

TO THE EDITOR OF THE NEW YORK TIMES:

In his letter to The Times of Aug. 14 Paul Harrison of the Department of Religion at Princeton University proposes legislation to deal with unwed mothers on relief. It is clear, writes Mr. Harrison, that unwed mothers should not benefit financially from having additional illegitimate children, but this is often the case under current welfare practices. On the other hand, he continues, it seems clearly inhumane to penalize the children for the acts of negligent parents.

To help resolve this controversy, which has been provoked by the welfare program adopted by the city of Newburgh, Mr. Harrison suggests "Legislation [which] could be passed which might possibly satisfy both conservatives and liberals with respect to this issue. Under the proposed law any mother who has more than one illegitimate child would lose all her children and they would be placed under the protection of the local community or the state."

Thus, says Mr. Harrison, the children should be turned over to the care of foster parents and in a relatively short time they "could be made available for adoption through an established agency."

If this is what they are teaching these days at Princeton, God save us from all these professors who would help with this problem. It is a crueler solution than the one proposed by State Senator Wilbur Jolly of North Carolina. Every session the North Carolina Legislature considers Mr. Jolly's bill, which would legalize the sterilization of mothers who have had more than one illegitimate child to save the citizens the cost of such welfare.

[1] Reprinted from *The New York Times,* August 21, 1961.

To Understand Problem

I am of the opinion we all have to go back to the elemental beginnings of this problem in order to understand it.

Illegitimate children are not the result of welfare funds. Poets, novelists, sociologists, Freudians, as well as scientists and some welfare administrators, have laid illegitimacy at the door of a primitive biological impulse. If you gave away all the illegitimate children today, you would find illegitimacy would not abate one whit. If you cut off all welfare payments, the illegitimate children will still proliferate.

A more practical solution to this problem would be to enlarge the Federal Mann Act and arrest every young man who has expressed interest or desire in a sexual union with an unwed girl. It would fill the jails and exceed in costs the welfare monies now paid, but I assure you it would work. Or better, we could invert Herod's law and proscribe every second newly-born.

"Undoubtedly," concludes Mr. Harrison, "some unwed mothers would take legal action against the state in order to recover their children * * *" Indeed they would.

HARRY GOLDEN,

Editor, The Carolina Israelite.
Charlotte, N. C., Aug. 15, 1961.

PERRY B. HALL

Executive Director
Sunny Hills
San Anselmo, California

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BOOK REVIEWS

Exploring the Base for Family Therapy: Papers from the M. Robert Gomberg Memorial Conference, edited by Nathan W. Ackerman, M.D., Frances L. Beatman, and Sanford N. Sherman. New York: Family Service Association of America, 1961. 154 pp., $4.00.

To child welfare workers preoccupied solely with meeting the everyday demands of their jobs, or able to invest themselves in reading only "how-to" articles, this book will be a disappointment. It is, however, a good collection of papers for the child welfare worker who is frustrated by the limitations of our present knowledge and theories and wants some stimulation into different directions of thinking. The title is a bit misleading. As yet there is no agreed base for family therapy, but obviously, from the scope and quality of these papers, there is imaginative exploration in our field and in the social sciences.

Dr. Weston LaBarre begins with a perspective of the potential contribution of social anthropology to theory building in social work practice. In elaborating his statement that "psychology puts forward many generalizations concerning universal human nature which are clearly no more than local folklore," he briefly suggests the wealth of material that the social anthropologist can contribute toward sounder conceptualization. In a very different context, Dr. Iago Galdston, a psychiatrist, also raises questions about the way in which we have arrived at our concepts. Too often we have interpreted cause in terms of the observed pathology, with results which are at best limited and at worst misleading. Our present preoccupation with the individual cannot yield the understanding of the causative factors in the family that we need to have to better plan for a child in his home or in a foster home. A multi-discipline analysis will have to create the concepts necessary to determine the causes of health and lack of health that come from the family setting.

Other writers push back specific horizons in terms of their experiments or experience. Dr. Ackerman makes a number of points which would apply equally to a foster home and to the original family. He points out that we all know that a child may be used by another individual in his family to the child's detriment. What few of us recognize is that a child may be damaged or supported by family interaction and that this can have as important consequences to the child's health, or lack of health, as individual exploitation or support. Methodology has to be developed so that we can understand where a child fits into the interdependent systems within the family. Along these lines, Lyman Wynne has a most interesting approach of identifying the splits and alignments that constantly take place between family members. The quality and results of these constantly changing patterns can

greatly affect a child, as well as any other member in the family, without being identifiable in the context of one-to-one relationships that we are disciplined to examine.

This concept can be carried speculatively into the relationships within the foster home. How much do we really examine this element in the relationships within the foster family? Yet the child is constantly relating to and forced to some sort of adaption to this phenomenon as a part of the family group. Such an additional perspective of foster homes might make it much easier to understand why certain children thrive in one situation and others do not.

Gregory Bateson describes the concept of the "double-bind" which he has amplified elsewhere. Basically, he is describing some intensive examination of a kind of life experience that is quite often found in the children with whom the child welfare field is concerned. The severe damage of these life experiences cannot be adequately covered in our present concepts, and hence our limitations hinder us from formulating and testing out adequate treatment plans. The other contributors to this volume describe methodology and technique which are based on the concepts discussed.

None of these ideas is comprehensive or meant to be. None of them is unrelated to the experience of the average worker, but most of them are in a somewhat different perspective which can serve as a base for further thinking and exploration by broader groups in the field.

What is of critical importance to the writers of these papers is the need to ascribe a meaningful value to the family structure and to use the interdependent operations of the family structures in better understanding the individuals in that system and in better planning for the help that may be needed.

There is acceptance that we still do not know what will be developed out of this interest, but there certainly is room for much participation on the part of interested practitioners in exploring to this end.

HENRY FREEMAN
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The Sweet Potato Vine, by Barbara Kay Davidson. New York: Family Service Association of America. x + 41 pp., $2.00 for perusal copy.

Barbara Kay Davidson's "The Sweet Potato Vine" should be a welcome addition to the growing but still meager repertory of interpretive plays about people in trouble and how agencies go about helping them. One of the "Plays for Living," a Division of the Family Service Association of America, "The Sweet Potato Vine" was written and produced for The Spence-Chapin Adoption Service "to bring more insight into the problem of the unwed mother." It is a large order to present "the" unwed mother when the problem is known in all levels of our society, occurring at any age when childbearing is possible and including the seemingly infinite variations of emotional, intellectual, and cultural factors. However, Miss Davidson's play gets to the heart of some of the basic, poignantly dramatic feelings experienced and expressed by many young women faced with an out-of-wedlock pregnancy; it stirs up questions, feelings, and attitudes on the part of its audience that should make for lively and profitable discussion.

Carol, the unmarried mother of the play, is an attractive, intelligent, competent young woman who, to all appearances, is well adjusted and happy. She has come to New York to avoid disgrace to her family, and has made a gallant attempt to manage on her own. However, as her pregnancy advances and she loses her job, the need for help becomes desperately apparent. Carol and her story are presented through flashback glimpses as she carries on window-to-window conversations with her neighbor, Malvina. Like Carol, Malvina too is coming to terms with New York tenement living after a sheltered life back home, but she has her husband and her baby and a developing philosophy of living that is sustaining. As the story develops, Malvina, with sympathetic understanding, asks the questions and struggles with the implications of Carol's situation much as the audience is challenged to do.

There is a moving scene between Carol and her mother as each attempts to understand what has happened and why. The writer, wisely, I feel, refrains from spelling out cause and effect, and the subtle suggestions of emo-

tions and relationships provide the opportunity for the viewer's own interpretation and thinking to develop.

As Carol moves back and forth in her struggle to make the right plan for her baby, her final decision, which she makes with real conviction, gives an indication of the help she has received from her family, her friend Malvina, and the adoption agency caseworker.

It is refreshing to have the girl-next-door kind of unmarried mother presented instead of the stereotyped young girl who is rebellious, seriously disturbed, or emotionally deprived. Carol's story should strike a familiar chord in most agencies that deal with unmarried mothers and offer child-care and adoption services. Perhaps more important for the interpretive purpose of the play, it speaks sensitively to a problem its potential audiences might easily meet within the circle of their own friends or family.

The social worker in a play is the hardest person to present so that she seems plausibly human and doesn't have all the answers tucked up her sleeve. Miss Ferguson of "The Sweet Potato Vine" obviously is able to help Carol look at the practical realities and bear the frightening and painful feelings of her situation.

"The Sweet Potato Vine" has, I believe, extremely broad interpretive values. Potential audiences, to name a few, might be community fundraisers, board members, professional groups, church, civic, and educational organizations, foster parents, and groups of high school and college students. Little theater and university dramatic groups might well be interested in producing such a play as this which offers challenging opportunities for acting skill. The simplicity of staging also adds to its practical use. While the play handles a difficult and often controversial problem, I feel that its sensitive understanding and good taste make it a highly usable and potentially valuable contribution to our interpretive media.

ELIZABETH M. MANCHESTER
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Children's Bureau of Delaware
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CLASSIFIED PERSONNEL OPENINGS

Classified personnel advertisements are inserted at the rate of 15 cents per word; boxed ads $7.50 per inch; minimum insertion $3.00. Beginning with the January, 1962 issue, the rate for classified personnel advertisements will be 17 cents per word; boxed ads $8.50 per inch; minimum insertion $3.50. Deadline for acceptance or cancellation of ads is SIXTH of month preceding month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person currently holding the job knows ad is being placed.

THE STATE OF ALASKA Offers new and challenging opportunities in public welfare. Applications are now being accepted for the following positions: PUBLIC ASSISTANCE SUPERVISOR — $10,080–$12,060. Supervise operation of State public assistance program. MSW, 5 years' experience of which 2 years must have been in public welfare administration or supervision. DISTRICT REPRESENTATIVE — $8820–$10,560 plus cost-of-living allowance in certain locations. Administer public welfare program within assigned district. One year graduate training. Three years' experience in social work of which 1 year must have been in supervisory or administrative capacity. Substitutions allowed for additional graduate training. CHILD WELFARE WORKER — $7200–$8640 plus cost-of-living allowance in certain locations. One year graduate training, 1 year experience in social work. Substitutions allowed for additional graduate training. LEAVE, HEALTH AND LIFE INSURANCE, RETIREMENT PROVISIONS. Write Air Mail to: George P. Spartz, Director, Division of Public Welfare, Department of Health and Welfare, Room 129 Alaska Office Bldg., Juneau, Alaska.

CHILD WELFARE WORKERS & SUPERVISORS—Arizona needs you if you have 1 year of approved graduate training. Most openings are in rural areas. Good recreational facilities. Good fringe benefits. State retirement plus OASI. Write: Arizona Merit System, State Capitol Building, Phoenix, Ariz.

ADOPTION WORKER. Immediate opening for MSW with or without adoption experience. 35 hr. wk. Fee and auxiliaries financed. Salary commensurate with experience—minimum $5700. Maximum open. Beautiful San Joaquin Valley area. Contact William J. Freni, Director of Casework, Infant of Prague Adoption Service, 640 E. Franklin Ave., Fresno, Calif.

CASEWORKERS—Several immediate openings for mature, flexible, competent persons. Challenging work situation. Required: MSW, with or without experience in child or family welfare agency. Salary related to applicant's qualifications. Fringe benefits. Write: The Adoption Institute, H. Gordon MacKay, Executive Director, 1026 S. Spaulding Ave., Los Angeles 19, Calif.

LOS ANGELES—Openings for two caseworkers with graduate training in expanding family and child welfare agency—multiple services including marital counseling, unmarried parents, financial assistance, child placement in foster home care and group care, psychiatric consultation. Highly qualified supervision. Standard personnel practices. Opportunities for advancement. Salary, $5712–$7548 depending on training and experience. Write: Rev. William J. Barry, Assistant Director, Catholic Welfare Bureau, 1400 W. 9th St., Los Angeles 15, Calif.

CASEWORKER II or III (male preferred). In parent-child guidance service to families with troubled boys, aged 6 to 18, primarily youthful offenders. Psychiatric and psychological consultation available. MSW required. II—$5712–$7140; III — $6384–$7980, five step plan, salary commensurate with experience. Social Security, retirement, health insurance. Milton L. Goldberg, Executive Director, Jewish Big Brothers Association, 590 N. Vermont Ave., Room 366, Los Angeles 4, Calif.

IMMEDIATE OPENINGS for child welfare services worker in adoptive and protective services programs. Salary range: $5880–$7152. Two years' graduate study required with substitution of experience for second year acceptable. Citizenship required. Child Welfare Division, Sacramento County Department of Social Welfare, 921 10th St., Sacramento 14, Calif.

CHILD WELFARE SERVICES WORKERS for Southern California county. Opportunities in adoption included. Worker II ($5718–$6900) requires year's graduate study in social work and 2 years' experience or 2 years' graduate study. Worker I ($5142–$6192) requires 1 year's graduate study in social work. Paid vacation and sick leave, part-paid health insurance, liberal retirement benefits. County Personnel, Courthouse, San Bernardino, Calif.

CASEWORKER, MSW—Experienced, preferably male, to work primarily with disturbed adolescent boys in an institution and their families. Residential treatment setting; controlled caseload. Salary range: $5160–$7200; appointment salary dependent upon experience. Retirement plan, Social Security, good personnel practices, health insurance. Member CWLA. Contact Lola Bowman, Director of Casework, Edgewood (San Francisco Protestant Orphanage), 1801 Vicente, San Francisco 16, Calif.

CHILD WELFARE WORKERS II —$6024–$7320 for family and children's work. Santa Clara County Welfare Department. Progressive agency in fast growing metropolitan area south of San Francisco Bay. Fine climate. Liberal benefits. MSW preferred. Also, CHILD WELFARE WORKER I—$5460–$6635. One year of graduate training. Write: Henri Habenicht, Asst. Welfare Director, 45 W. St. James St., San Jose, California.

CHILD WELFARE